

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PAC For a Change

ADDRESS (number and street)

777 S. Figueroa Street, Ste. 4050

☐Check if different
than previously
reported. (ACC)

Los Angeles

CA

90017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00342048

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sim Farar

Signature of Treasurer

Electronically Filed by Sim Farar

Date

08

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
PAC For a Change

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	7		3	1		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		637640.02
(b) Cash on Hand at Beginning of Reporting Period	529929.52	
(c) Total Receipts (from Line 19)	14456.14	158842.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	544385.66	796482.86
7. Total Disbursements (from Line 31)	25950.92	278048.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	518434.74	518434.74
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

PAC For a Change

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 7D D
3 1Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6850.00	38145.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	7339.01	107985.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	14189.01	146130.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2450.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	14189.01	148580.57
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	8614.45
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	267.13	1647.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14456.14	158842.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14456.14	158842.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20950.92	143748.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	20950.92	143748.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	129250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	50.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25950.92	278048.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25950.92	278048.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14189.01	148580.57
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14189.01	148530.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20950.92	143748.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	8614.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20950.92	135133.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PAC For a Change

A. Full Name (Last, First, Middle Initial) Louis C. Blau Mailing Address 1475 Bel Air Rd. City State Zip Code Los Angeles CA 90077 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Transaction ID: C24867 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Mary Goldschmid Mailing Address 455 Central Park West, Apt. 9A City State Zip Code New York NY 10025 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: C24917 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Kit-Bacon Gressitt Mailing Address 740 W Fig St. City State Zip Code Fallbrook CA 92028 FEC ID number of contributing federal political committee. C Name of Employer FFF Enterprises Occupation Healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 6 Transaction ID: C24916 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PAC For a Change

A. Full Name (Last, First, Middle Initial)
Bonnie Rukin- Miller
Mailing Address 48 Evergreen Lane

City State Zip Code
Camden ME 04843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2006

Transaction ID: C24667

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Susan Sarcone
Mailing Address 2233 N. Vernon St.

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hayes & Schneider Propert-
ies, Inc.

Occupation
Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: C24903

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Charles Walton
Mailing Address 7515 Pelican Bay Blvd., #1902

City State Zip Code
Naples FL 34106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: C24854

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

6850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

PAC For a Change

A. Full Name (Last, First, Middle Initial)

California Bank & Trust

Mailing Address 550 S. Hope Street, #100

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.09

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 4 / 2 0 0 6

Transaction ID: C24827

Amount of Each Receipt this Period

65.53

Interest

B. Full Name (Last, First, Middle Initial)

California Bank & Trust

Mailing Address 550 S. Hope Street, #100

City State Zip Code
 Los Angeles CA 90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.09

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: C24828

Amount of Each Receipt this Period

2.02

Interest

C. Full Name (Last, First, Middle Initial)

Merrill Lynch

Mailing Address 1325 Franklin Avenue

City State Zip Code
 Garden City NY 11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.73

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: C24826

Amount of Each Receipt this Period

199.58

Interest

SUBTOTAL of Receipts This Page (optional)

267.13

TOTAL This Period (last page this line number only)

267.13

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

Full Name (Last, First, Middle Initial)

A. Articulated Man, Inc.

Mailing Address 1508 W. Sunnyside Avenue

City Chicago State IL Zip Code 60640

Purpose of Disbursement
PAC Website Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D2028

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.00

Full Name (Last, First, Middle Initial)

B. AT & T

Mailing Address PO Box 8212

City Aurora State IL Zip Code 60572-8212

Purpose of Disbursement
Telephone Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D2030

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.52

Full Name (Last, First, Middle Initial)

C. AT & T

Mailing Address PO Box 8212

City Aurora State IL Zip Code 60572-8212

Purpose of Disbursement
Telephone Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D2029

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.21

SUBTOTAL of Disbursements This Page (optional)

193.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.		Transaction ID: D1952 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period <div>26.17</div>
City Cambridge State MA Zip Code 02139		
Purpose of Disbursement PAC Website Service Fee	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.		Transaction ID: D1953 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period <div>7.06</div>
City Cambridge State MA Zip Code 02139		
Purpose of Disbursement PAC Website Service Fee	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.		Transaction ID: D1954 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period <div>1.27</div>
City Cambridge State MA Zip Code 02139		
Purpose of Disbursement PAC Website Service Fee	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

34.50

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.		Transaction ID: D1955 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period <div>5.13</div>
City Cambridge State MA Zip Code 02139		
Purpose of Disbursement PAC Website Service Fee	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.		Transaction ID: D1956 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period <div>7.96</div>
City Cambridge State MA Zip Code 02139		
Purpose of Disbursement PAC Website Service Fee	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Blackrock Associates, LLC		Transaction ID: D2033 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 6</div> </div>
Mailing Address 1072 Jackson Street		Amount of Each Disbursement this Period <div>8910.30</div>
City San Francisco State CA Zip Code 94133		
Purpose of Disbursement PAC Website Maintenance	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

8923.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

A. Cablevision Full Name (Last, First, Middle Initial) Mailing Address POB 9202 City Uniondale State NY Zip Code 11555-9202 Purpose of Disbursement Internet Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2034 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 35.96
B. California Bank & Trust Full Name (Last, First, Middle Initial) Mailing Address 550 S. Hope Street, #100 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2038 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 25.00
C. California Bank & Trust Full Name (Last, First, Middle Initial) Mailing Address 550 S. Hope Street, #100 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2037 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 158.23

SUBTOTAL of Disbursements This Page (optional)

219.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

Full Name (Last, First, Middle Initial)

A. Douglas Boxer & Associates

Mailing Address 854 Longridge Road

City Oakland State CA Zip Code 94610

Purpose of Disbursement
PAC Political Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2041

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
PAC Shipping/Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.05

Full Name (Last, First, Middle Initial)

C. Get Active Software, Inc.

Mailing Address 2855 Telegraph Avenue, Suite 600

City Berkeley State CA Zip Code 94705

Purpose of Disbursement
PAC Website Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1600.00

SUBTOTAL of Disbursements This Page (optional)

6622.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

Full Name (Last, First, Middle Initial)

A. Get Active Software, Inc.

Mailing Address 2855 Telegraph Avenue, Suite 600

City Berkeley State CA Zip Code 94705

Purpose of Disbursement
PAC Website Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2044

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Kaufman Downing LLP

Mailing Address 777 S. Figueroa Street, Suite 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement
Legal & Treasury Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2047

Date of Disbursement

07 / 04 / 2006

Amount of Each Disbursement this Period

30.42

Full Name (Last, First, Middle Initial)

C. Kaufman Downing LLP

Mailing Address 777 S. Figueroa Street, Suite 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement
Legal & Treasury Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2048

Date of Disbursement

07 / 04 / 2006

Amount of Each Disbursement this Period

918.50

SUBTOTAL of Disbursements This Page (optional)

2148.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

A. Gloria Littman Full Name (Last, First, Middle Initial) Mailing Address 109 Croyden Ct. City Albertson State NY Zip Code 11507-2207 Purpose of Disbursement Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2046 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 750.00 Category/Type
B. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 17464 City Baltimore State MD Zip Code 21297-1464 Purpose of Disbursement Cellular Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2057 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 78.25 Category/Type
C. Verizon Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1100 City Albany State NY Zip Code 22500 Purpose of Disbursement Telephone Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2056 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 142.42 Category/Type

SUBTOTAL of Disbursements This Page (optional)

970.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

A. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: D2055 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 4 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 1100		Amount of Each Disbursement this Period <div>25.41</div>
City Albany State NY Zip Code 22500		
Purpose of Disbursement Telephone Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: D2054 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 1100		Amount of Each Disbursement this Period <div>118.78</div>
City Albany State NY Zip Code 22500		
Purpose of Disbursement Telephone Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: D2053 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address P.O. Box 1100		Amount of Each Disbursement this Period <div>19.58</div>
City Albany State NY Zip Code 22500		
Purpose of Disbursement Telephone Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

163.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

Full Name (Last, First, Middle Initial)

A. California Bank & Trust

Mailing Address 550 S. Hope Street, #100

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Credit Card Payment- See Payment Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2035

Date of Disbursement

/

Amount of Each Disbursement this Period

677.66

Full Name (Last, First, Middle Initial)

B. Bellagio

Mailing Address 3600 S. Las Vegas Blvd.

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement
Hotel Accomodations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2031

Date of Disbursement

/

Amount of Each Disbursement this Period

94.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CLS Nevada LLC

Mailing Address 6430 S. Procyon

City Las Vegas State NV Zip Code 89118

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2039

Date of Disbursement

/

Amount of Each Disbursement this Period

190.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

677.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

A. Full Name (Last, First, Middle Initial) SouthwestAir		Transaction ID: D2052 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address 1 World Way		Amount of Each Disbursement this Period <div> <div></div> <div>308.60</div> </div>	
City Los Angeles State CA Zip Code 90045	Purpose of Disbursement Airfare Candidate Name	<div>Category/Type</div>	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) California Bank & Trust		Transaction ID: D2036 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address 550 S. Hope Street, #100		Amount of Each Disbursement this Period <div> <div></div> <div>966.64</div> </div>	
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Credit Card Payment- See Payment Below Candidate Name	<div>Category/Type</div>	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Alaska Air		Transaction ID: D2022 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address PO Box 68900-SEAHE		Amount of Each Disbursement this Period <div> <div></div> <div>325.00</div> </div>	
City Seattle State WA Zip Code 98168	Purpose of Disbursement Airfare Candidate Name	<div>Category/Type</div>	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

966.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

Full Name (Last, First, Middle Initial)

A. America West Airlines

Mailing Address 3665 North Harbor Drive

City San Diego State CA Zip Code 92101

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2023

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

334.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Bellagio

Mailing Address 3600 S. Las Vegas Blvd.

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement
Hotel Accomodations

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2032

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

246.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CLS Nevada LLC

Mailing Address 6430 S. Procyon

City Las Vegas State NV Zip Code 89118

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D2040

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

61.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

20920.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PAC For a Change

Full Name (Last, First, Middle Initial)

A. Sail to Victory

Mailing Address 120 Maryland Avenue N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Federal Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D2050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00